

**New York Polyclinic Medical School and Hospital.** The New York Polyclinic Medical School and Hospital recently announced the opening of the Urological Department in its new clinic building. The medical profession is cordially invited to inspect this department, which is under the supervision of Drs. Joseph F. McCarthy, Daniel A. Sinclair, David Geiringer, and Howard S. Jeck and their associates.

**The American Social Hygiene Association.**—Plans for an expanded program of education in syphilis control and social hygiene to reach ultimately 35,000,000 young men and women throughout the nation were announced in New York recently by Dr. William F. Snow, Chairman of the Administrative Committee of the American Social Hygiene Association.

These activities, made possible by an anonymous contribution of \$25,000 will attempt, in addition to bringing knowledge of the venereal diseases before youth, to provide biological information and guidance in preparing young men and women for stronger and more enduring marriage and family relations, the announcement stated.

This gift, ear-marked for the youth project, brought the total contributed to the fund being raised by the Association's National Anti-Syphilis Committee to \$155,015.

"Of the nation's 35,000,000 individuals between sixteen and thirty years of age, it is estimated that about 5,000,000 are suffering from syphilis or gonorrhea," said Doctor Snow. "No other dangerous communicable disease takes as many victims from this age group as these twin plagues which can be curbed and can be cured."

The program will get under way by October 1 and is expected to reach its peak of intensity for the year around Third National Social Hygiene Day on February 1, 1939.

During the campaign among youth, appeals will be made for continued coöperation of press and radio to supplement the home, church, and school. Leaflets, posters, handbills, and a special "newspaper" are being designed to aid in teaching young persons the facts about syphilis and gonorrhea, how exposures are avoided, and what treatment is necessary when infections occur. These same educational facilities will be utilized to assist them in preparing for lasting and happy marriages.

**Science May Have Found Substitute for Morphin.**—The development of a new drug which apparently has many of the pain-relieving properties of morphin and codein, but appears to lack some of the addiction factors of the former, is announced by the pharmacy laboratories of the University of California. The new drug and its properties were first announced by Dr. Chauncey D. Leake, Professor of Pharmacology in the University, at the recent meeting of the British Pharmacologic Society at Oxford University, London, England. The studies of the drug had been made by Dr. Leake, Dr. George Emerson, Associate Professor of Pharmacology at the University of West Virginia, and Benedict Abreu and N. M. Phatak, graduate students in pharmacy in the University of California.

They state that the experimental studies on DNPM are of such interest that the drug deserves careful clinical trial as a possible substitute for morphin.

The new drug is a combination of dinitrophenol, the fever-producing drug, recently used with unfortunate results in the uncontrolled treatment of obesity, and morphin. Strikingly, the new drug which is called Dinitrophenyl-morphin, or DNPM, has none of the action of dinitrophenol, but is much more like codein and morphin.

Experiments on animals and normal human subjects indicate that the drug has pain-relieving properties and respiratory effects somewhat similar to morphin and greater than codein. Animal experimentation also suggests that it may have less addiction effect than morphin. But the University workers are careful to point out that any chemical which produces a feeling of well-being and relief from pain, may become an addiction drug in a person desiring to escape from an unpleasant health environment. These studies are being published in the new University of California series on pharmacology now being issued by the University Press.

**Forced Population Increase May Invite Famine.**—Before any nation or people undertake to increase the population through mass marriages or any other device, it should determine whether the nation's food resources can accommodate such increase, or disaster may result. This was stated in a paper read recently before the Third International Congress of Tropical Medicine and Malaria, meeting in Amsterdam, Holland, by Dr. Alfred C. Reed, Professor of Tropical Medicine in the University of California.

Doctor Reed is president-elect of the American Society of Tropical Medicine, which is meeting in Oklahoma City, Oklahoma, November 14 to 17. At that meeting he will assume the presidency, which he will hold during the year 1939. At present he is visiting a number of hospitals in London. He departed on July 23, his schedule calling for visits to Beirut, Damascus, Jerusalem, Cairo, Rhodes, Athens, Italy, France, Stockholm, Copenhagen, London, and Holland.

**Fourth International Congress on Comparative Pathology.**—The National Research Council of Rome, Italy, has recently published a pamphlet containing the program and rules of the Fourth International Congress on Comparative Pathology, which, as decided at the 1936 Congress held in Athens, Greece, will be held in Italy May 15 to 20, 1939.

The Congress will comprise three sections: (1) Section on Human Medicine; (2) Section on Veterinary Medicine; (3) Section on Phytopathology.

Papers submitted to any Section must be related to the main topic and be as concise as possible. A summary of about one hundred words should also accompany the papers, which must be in by March 31, 1939, at the very latest. The official languages of the Congress will be English, French, German, Italian, and Spanish. The general reports will be published in the original language, with summaries in the five official languages. They will be distributed to all members before the opening of the Congress.

Application and fee may be sent either through the applicant's National Committee or directly to the Secretariat of the Congress, Consiglio Nazionale delle Ricerche, Piazzale delle Scienze, Roma, Italy.

**Press Clippings.**—Some news items from the daily press, on matters related to medical practice, follow:

#### **Medics Face Anti-Trust Action Society Accused of Boycotting Health Groups**

##### **Warning Given**

Washington, July 31.—(INS)—The mighty American Medical Association tonight became the announced target of the Administration's anti-monopoly drive, and its officers prospective defendants in federal criminal proceedings.

Accusing the American Medical Association of a country-wide boycott of cooperative health groups, the Justice Department announced it will seek indictment of the responsible physician-officers by a District of Columbia grand jury.

A policy statement signed by the chief of the department's antitrust division, Thurman Arnold, declared the boycott a violation of the Sherman Act. Attorney-General Cummings approved the statement.

##### **Blasts Organization**

Arnold's criticism blasted organized medicine generally. He charged the profession with failure to provide "adequate medical care" at a cost within the public's ability to pay.

Instead, he said, the profession, through the American Medical Association, has tried to throttle "an illuminating experiment" in low-cost medical care by ostracizing physicians employed by health groups and denying them hospital facilities.

Policy of the American Medical Association, and its affiliated medical society of the District of Columbia, towards Group Health Associates, Inc., of Washington, was cited by Arnold as a typical boycott on which the criminal proceedings will be based.

##### **Door Left Open**

The district society's officers will be named defendants along with the American Medical Association's. The statement mentioned no names.

Arnold made plain the expected indictments will "not necessarily charge a crime of moral turpitude." He said the department considers the offenses charged are no reflection "upon the character of the persons who may be involved."

Aim of the proceedings, he announced, is to "leave the door open to a constructive proposal (from the defendants) at any stage of the litigation."

Arnold thus pointed a way for the American Medical Association, of its own volition, to free its officers of possible penalties by entering into a consent decree abandoning policies which, the statement said, might in any case only prove to be "misdemeanors."

The proceedings, first the government has ever proposed against a national professional society, rest on an untested interpretation of the antitrust laws. Arnold said the department holds the statutes prohibit combinations to restrain competition "in services as well as goods."

The move was regarded as the government's answer to the attitude expressed by American Medical Association officials at the national public health conference here ten days ago, wherein the officials opposed federal aid and intervention in medicine.

The American Medical Association's position, as expressed by Dr. Morris Fishbein, editor of its *Journal*, was that "the physician must remain the master in the house of medicine."

#### Critical of Government

He and Dr. Irvin Abell of Louisville, American Medical Association president, declared the Administration's proposed \$850,000,000-a-year health program, to be financed jointly by the Federal Government and the states, was "unworkable," and that "food, housing and jobs" should be the government's first consideration. They insisted the Association always had cooperated with the federal public health service.

A bid for "coöperation" of the American Medical Association officers in the government's anti-monopoly proceedings was extended by Arnold, who said the department was publishing a "warning of violations as far in advance as possible, in fairness to them, and for their own protection."

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Chicago, July 31.—(INS)—Dr. Morris Fishbein, editor of the *American Medical Association Journal* and official spokesman of the American Medical Association, tonight refused to comment on the announcement from Washington that the Association is to be investigated by a federal grand jury.—Los Angeles *Examiner*, August 1.

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#### Medics Shun Truce in Antitrust Fight

Washington, Aug. 1.—(INS)—Government officials hinted tonight they may be willing to wind up the antitrust proceedings against the American Medical Association with a consent decree.

The inauguration of criminal action against the Association prompted a flood of broadsides at the Federal Government by officers of the American Medical Association, who indicated they would resist the consent decree course and fight the case through the courts.

#### Civil Suit

A source close to Thurman Arnold, chief of the antitrust division, said the grand jury investigation probably would not be inaugurated until mid-September. Following this inquiry, the source said, it is possible that the government will seek to drop the criminal proceedings already instituted and open a civil suit which could lead to a consent decree.

The Department of Justice's proposed investigation is designed to help "the poor man get excellent medical service at a price he can afford to pay," United States Attorney-General Homer Cummings asserted in Chicago today.

The Justice Department launched its legal proceedings against the Association to "prevent artificial impediments by organized groups who desire to escape competition from the various attempts which may be made from time to time to bring down the cost of medical care."

#### National Basis

The department charged that the American Medical Association expelled physicians for becoming associated with the Group Health Association, Inc., in Washington. While the charges were leveled particularly at the activities in the District of Columbia, the investigation will be on a nation-wide basis, the department revealed.

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Palo Alto, Aug. 1.—(INS)—In the face of disapproval of the American Medical Association, the Palo Alto Medical Society, through Dr. Russell V. A. Lee, committee chairman, today announced plans for launching a hospitalization

insurance program which for 85 cents a month will provide liberal coverage of hospital expenses.

The 85 cents a month policy will provide its holder with twenty-eight days of hospitalization for each illness suffered during the year. The benefit paid would be \$5 a day, which would meet the hospital charge for a bed in a ward and would also cover x-ray, operating room, laboratory and anesthetic charges.—Los Angeles *Examiner*, August 2.

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#### Medical Insurance

Individual medical insurance, long regarded as impracticable, will be launched in a big way in New York this month. There are organizations in several cities, including Los Angeles, which are offering such insurance in one form or another, but the New York project is on a scale to indicate that this kind of protection may shortly become as generally available as life or fire insurance.

The New York Coöperative Health Association, operating as a non-profit group, announces that, beginning in two weeks, it will provide policyholders paying premiums of \$2 a month complete medical, surgical and maternity care. The premium for man and wife will be \$44 a year; for \$20 more each, any and all additional members of the family will be provided for.

It is not charity that is being offered. The plan has been figured out on an actuarial basis and is regarded by its sponsors as a sound business proposition. The plan enables individuals and families of low income to provide against the need of calling in the doctor, at the same time guaranteeing that physicians called on cases involving those insured will have their fees promptly paid. The insured do not have to forego needed medical attention for economic reasons, do not have to look to the public for help in sickness and emergency; the doctors they consult do not have to write off noncollectible bills on their books.

The plan is a natural outgrowth of the group hospitalization movement that has swept the country and which in New York has reached its greatest development. Recent reports showed that upward of 600,000 persons in the metropolis and its immediate area have insured themselves against the hazard of being forced to undergo hospital treatment. The two insurance ideas in combination round out a program of complete financial protection intended to enable subscribers literally to take doctor and hospital bills in stride.

If successful, medical insurance should not only discourage the spread of state medicine, at enormous and growing public cost, but should accomplish the avowed purpose of such paternalism by raising the standard of public health.—Editorial, Los Angeles *Times*, September 3.

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#### Parties Map Hot Fight for Lieutenant-Governor\*

*Tremendous Power Wielded by Office Recognized and Will Stiffen Candidates' Battles*

Growing recognition of the tremendous power wielded by the Lieutenant-Governor will lead this year to unusually vigorous campaigns in behalf of the various party candidates for the office, it was indicated yesterday.

For many years the public has regarded the office of Lieutenant-Governor of California as comparable with that of the Vice-President of the United States in the relatively slight responsibility exercised by the incumbent.

The heavy vote cast in the party fights for Lieutenant-Governor at the August 30 primaries has convinced political leaders that this time-tattered misconception is vanishing.

#### Prominent Positions

Thus the candidates for Lieutenant-Governor will occupy prominent positions in party spotlights as the general election campaign gets under way.

In actual authority of office, it is pointed out, the Lieutenant-Governor takes second place only to the Governor—and in some respects the Lieutenant-Governor is even more powerful than his chief. A brief tabulation indicates the extent of some of these official powers:

1. The Lieutenant-Governor is in direct succession to the governorship, in the event of a vacancy in the latter office.

#### Names Committees

2. He names all Senate committees, including special, interim and investigation committees. As the California Legislature functions under the committee system, the make-up of committees has a direct bearing upon the color

\* Note.—This item is of interest because the candidate of the Republican Party for Lieutenant-Governor of California is Walter Scott Franklin, M.D., of Santa Barbara, and formerly Professor of Ophthalmology in the Medical School of the University of California.

See also editorial comments, on page 252.

of legislation enacted. Committees may recommend, kill or block bills.

3. In addition to exercising practical control of the Senate through appointment of committees and as presiding officer during Senate sessions, the Lieutenant-Governor is an ex officio member with full voting power of many important boards and commissions.

The sum of all these powers represents an imposing total in two of the three major branches of California's state government: legislative and executive. His diversified authority gives the Lieutenant-Governor substantially more power than is held by the Speaker of the Assembly.

#### Compact Body

The Senate is a more compact body, furthermore, than the Assembly, and a strong presiding officer can make it a potent factor in dealing with radical and ill-considered legislation.

The Lieutenant-Governor is chairman of the State Advisory Pardon Board. He is a member of the California Toll Bridge Authority and of the Board of Regents of the University of California. He is chairman of the Reapportionment Commission, which reapportions the State every ten years in the event that the Legislature fails to do so, and he appoints persons to prepare arguments for and against initiatives and referendums.

This is only a list of the permanent ex officio offices held by the Lieutenant-Governor. Many similar duties on boards or commissions are delegated to him from time to time.—San Francisco *Examiner*, September 20.

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#### Attorney-General Rules on Part-Pay Patients in County Hospitals

Attorney-General U. S. Webb ruled last week that county boards of supervisors may allow the admission of patients to county hospitals on a part-pay basis.

"I see no reason," Webb said, "why the board may not adopt some general rule for determining the amounts to be paid by patients who are able to pay a portion of the costs of their hospitalization but who are unable to meet the cost of hospital service in private institutions. It would seem proper that such rules and regulations be established by ordinance, although it may not be necessary that the adoption of rules and regulations be formally made by ordinance unless a county charter requires such action to be taken by ordinance."

The opinion was given to Mrs. Florence L. Turner, State Director of Social Welfare.

Webb also informed Mrs. Turner that patients who pay part of their cost of hospital maintenance could have physicians of their own choosing if the individual boards of supervisors so desired.—Lakeport *Bee*, August 18.

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#### Court Upholds Health System

##### *City Employees Win Suit Involving Group Medical Service*

The San Francisco Municipal Employees' Health Plan today held approval of the State Supreme Court.

The court ordered Controller Harold Boyd and Treasurer Duncan Matheson to make available to the employees' service plan \$35,000 impounded pending the court decision. "There can be no valid objection to the plan," the court ruled. "There can be no question of the power of the city to establish a system of medical care for its employees.

"Proper medical attention . . . should have a beneficial effect on their health and therefore on their efficiency."

In the companion decision, which upheld a lower court ruling banning the Pacific Health Corporation, a western health insurance company, from selling health contracts, the court ruled such sale constituted illegal practice of medicine.

It held the corporation forced members to use its own list of doctors, unless case expenses totaled less than \$50. But the court lauded health service plans with the statement:

"It is possible to bring adequate medical care to vast numbers of persons who can now ill afford it . . . by a carefully regulated statute setting forth terms under which private organizations may offer their services."—San Francisco *News*, September 3.

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#### Migration of Farm Workers Reduced

##### *Warnings There Are No Jobs Believed Cause of Sharp Drop*

Migration of work-seeking farm families into California showed a sharp drop in July and August, compared to the same months of 1937, Jonathan Garst, regional director of the Farm Security Administration, said today.

The number of persons "in search of manual employment" entering the state was only half that of the same month a year ago. In July the figure was 3,987, against 8,035 in 1937, and in August 4,164, compared to 8,156.

Warnings there are more workers now in California than there are farm jobs this year is probably the chief reason for the reduced volume, Mr. Garst said.—San Francisco *News*, September 19.

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#### Hospitalization Plan Taking Shape

A significant advance in hospitalization insurance will be made within the next week or two when the Palo Alto Hospitalization Group opens offices in this city and inaugurates a campaign, in cooperation with the Palo Alto Medical Society, to enroll residents of the community in an insurance program which for 85 cents a month will provide liberal coverage of all hospital expenses.

The 85 cents a month policy will provide its holder with twenty-eight days of hospitalization for each illness suffered during the year. No person would be insured against a disease from which he was suffering at the time he applied for his policy, but would be covered against other maladies that might develop. The benefit paid would be \$5 a day, which would meet the hospital charge for a bed in a ward or would be applied toward a room charge and would also cover x-ray, operating room, laboratory, and anesthetic charges.

Members of the medical society committee which has been working on the plan for more than a year are Dr. Granville Wood, Dr. Jerome B. Thomas, Dr. Edward Liston, Dr. Charles Shepard, and Dr. Russel Lee.—Menlo Park *Recorder*, August 26.

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#### Hospital Insurance Group Joins District Association

Consolidation of the Associated Hospitals Service Fund, Santa Clara County hospitalization insurance organization, with the Insurance Association of Improved Hospitals, San Francisco Bay region group hospitalization institution, was announced yesterday.

Voted last week by directors of the local group, which has its headquarters at San Jose Hospital, the move has been endorsed by the county medical association, according to J. Philo Nelson, general manager of the Bay region organization.

Letters apprising the local hospital group's 1,200 members were put in the mail yesterday, and the move becomes effective at once.

Fostered by the American Hospital Association, the Bay region association claims 20,000 members, with twenty-five participating hospitals in San Francisco, San Mateo and Alameda counties. Added to this list will be Santa Clara County's several private hospitals affiliated with the county association.

All local members will be included in the consolidated organization, which will retain its insurance association title.

New members must come in under the regulations of the association, which differs from the local organization in that only group applications are received.

Group applications will be considered, Nelson said, from clubs, societies, lodges, luncheon clubs, employees of one firm. Husbands, wives, and children of members also are eligible for membership at special family rates.

#### Nonprofit Service

Similar in general to the local group's set-up, the association's prepaid hospitalization plan is also nonprofit. Its officers and directors serve without pay. It is qualified as an insurance company under California laws.

It offers twenty-one days of hospitalization for each illness or accident during the policy year, or fourteen days' service in any lawfully operated hospital in the United States or Canada while away from home.

It provides board and room—ward accommodations, or a private room—on payment of the difference in rate.

General nursing care, operating room service, including anesthetic, x-ray, laboratory service, materials, dressings, physiotherapy treatments, ordinary drugs and medicines are covered in the plan.

Rest cures, childbirth, venereal infection, and conditions covered by workmen's compensation act are excluded.

#### Family Rates

Fees are \$1 registration for new members, whether single applicants or families. Monthly rates are 90 cents a month for the employed person making application, 80 cents for his or her husband or wife, 40 cents for each dependent child from 30 days to 19 years of age, and 90 cents for each dependent child over 19.

Payment is to be made through a group collection plan, except in the case of individual members of the present Santa Clara County group who will be included on their old standing.

Persons leaving the group under which they join may continue payment on an annual or semiannual basis. Employed members who pass the age of 65 may continue with-

out change if they remain employed, but dependents and those unemployed will be dropped at 66 years of age.—San Jose *Mercury-Herald*, September 2.

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#### Board Adopts Final Budget

Total of \$64,927,349, Gain of \$9,769,436 Over Previous Year

Los Angeles County's final budget for the fiscal year of 1938-1939, carrying total appropriations amounting to \$64,927,349, which is \$9,769,436 more than last year, was unanimously adopted yesterday by the Board of Supervisors.

Of the \$64,927,349 set up, only \$35,770,100 will have to be raised by taxation. This, however, is an increase of \$3,289,184 over the figure for 1937-1938, which will necessitate a general basic county tax rate of \$1.51 on each \$100 of assessed valuation, 10 cents over last year's rate.

The new rate, along with a road tax and one for library purposes in certain districts of the county, will be adopted by the supervisors.

#### Charity Load

A study of the new budget discloses that 74 cents of the \$1.51 new tax rate will be used for raising funds to carry the county's staggering charity load, which this year will cost \$39,714,036, or \$6,892,313 more than last. The heaviest item is for aid to the aged, amounting to \$20,212,050, an increase of \$4,362,050 over last year. . . —Los Angeles *Times*, August 30.

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#### Low Cost Medical Care Recommended Necessity Revealed for Small Incomes

Ogden (Utah), Sept. 1.—(AP)—The Utah State Medical Association officially recognized today the necessity of supplying medical care to "low income and indigent groups."

#### Consideration Urged

The house of delegates, policy-forming body for the State Association, recommended at the Association's annual convention that the state president appoint a committee to "give specific consideration to some form of supplying medical care to low-income and indigent groups."

Association officials pointed out that the proposal is "socialized medicine" only in the sense that low-cost medical service would be provided those with little or no means. It does not contemplate "free" general medical service, they said.

#### Found Difficult

"Indigent people of Utah are receiving medical care at present at the courtesy of the doctors, but the low-income groups are finding it very difficult, in some cases, to obtain proper care," said W. H. Tibbals of Salt Lake City, executive secretary of the Association. "It is hoped that a plan whereby persons with low incomes can pay for their own medical care may be worked out."—San Francisco *Examiner*, September 2.

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#### Rabies Diagnosis for Deer Confirmed by Doctor Proescher

Rabies is spreading to deer in Santa Clara County, a report made by Dr. Frederick Proescher, pathologist at the County Hospital in San Jose, to Dr. C. M. Burchfiel, county health officer, disclosed today.

Doctor Proescher, after examining the brain and carcass of a deer found dying on the J. J. Nunes ranch on Toyon Avenue, east of here, Saturday morning, said the large buck had died of rabies.

Sheriff's deputies and game wardens said probably the deer was pursued and bitten by a mad dog, wandering from the hills to the Nunes ranch. The deer was alive when found by Nunes, and was foaming at the mouth and had an infected leg. The animal died shortly after being found.—San Jose *News*, August 22.

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#### Rabies Menace Widespread

Los Angeles County also has a rabies condition—also a state quarantine on dogs. Which irks the southern county. The county health officer, however, who realizes the menace dogs running loose upon the streets are to the public, asserts the quarantine will remain in effect unless—or when—"the county and city of Los Angeles and the various other smaller cities pass a regular ordinance requiring that dogs be kept on leashes on the streets and other public places."

In Los Angeles County 4,564 persons have been bitten by dogs—372 of whom by dogs definitely established to have been suffering from rabies, and 360 rabid animals have been picked up in the county area.

Rabies will never be stamped out in Los Angeles, San Jose or any other community until the quarantine is strictly obeyed. It is strange that dog owners, whose own

animals are in danger of being bitten by rabid dogs, should not realize they, themselves, may be victims of their own pets. For the common safety of the community, the quarantine must be rigidly enforced until all danger of rabies is ended.—San Jose *Mercury-Herald*, September 1.

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#### Doctors and Bets

Any Pajaro Valley doctor with "sporting blood" should pause and ponder on the experience of a King City physician.

According to a story in the *Rustler-Herald*, King City paper, Dr. Charles T. Bullard was certain Mrs. John Dukellis' third child was to be a girl. Mr. Dukellis, hotel operator, said it was going to be a boy. So, they entered into a little wager. If the child was a girl, Doctor Bullard was to get double his usual fee. If it was a boy, there would be no fee.

Eustratis Nicholas Dukellis arrived—a "free man." The doctor took his leave—sans fee—and Mr. Dukellis beamed over the cradle.

There is a moral some place in this little story, but we feel that Doctor Bullard should be the one to point it out.—Editorial, Watsonville *Register-Pajaronian*, August 20.

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#### Butte Asks Help to Care for Migrants in Camp

Federal and state relief administrations will be asked to assist Butte County in providing hospitalization and medical aid for more than 700 people in the federal migrant camp at Gridley. Supervisors were told this week that Butte County cannot continue to stand the cost.—Orland *Unit*, August 18.

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#### Legal Opinion Needed, Would Get PWA Help

A 15-cent tax, with which to construct a new county hospital, will be placed in the Glenn County budget if the Attorney-General rules that such procedure is legal at this time.

This decision was taken unanimously by the supervisors late Saturday on a motion made by Supervisor Picknell, and seconded by Supervisor Murch.

The hospital would cost approximately \$55,000, with the county furnishing roughly 55 per cent, or \$29,000, through the tax, and the PWA furnishing the remaining 45 per cent.

#### Would Cost \$55,000

The tax would increase the county's inside rate from \$1 as of last year to \$1.29, while the outside rate, which was \$1.20 last year, would be raised to \$1.54.

The district attorney was instructed to consult with the State Attorney-General's office and report to the supervisors at their meeting Wednesday.—Willows *Journal*, August 22.

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#### Glenn County Doctor Faces Ouster Move

*Young Mother's Death Stirs Criticism; Vote Delayed by Board*

Willows, Aug. 24.— . . . Regarding construction of a new county hospital, the board decided to postpone the project until next year, after a ruling was received from Attorney-General U. S. Webb, holding that a proposed 15-cent special tax would be invalid.

Webb said the original budget did not provide for the tax and that it could not be added now. Supervisors said they did not believe voters would approve a bond issue for the \$55,000 project.

It had been planned to obtain 45 per cent of the funds needed from a PWA grant and to raise the balance through the special tax.—Sacramento *Union*, August 25.

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#### This and That

Glenn County will have to get along with its present county hospital building until next year.

The supervisors, having found that they could not insert a 15-cent rate into the budget this late, have dropped the plan. Inasmuch as the PWA has set October 1 as the deadline for making grants of this character, and since it is practically impossible to take care of details for a bond election now, the matter will probably rest until budget time next summer.

A bond election must be called at least thirty days before it is held.

Into the calling of such an election must go much careful work. Usually no political subdivision calls an election before it has been assured the bonds can be sold, and bond companies take plenty of time for their own investigations.

It is highly doubtful that the necessary two-thirds vote could be obtained for the bonds, especially in view of the muddle over county hospital laws.

Most Glenn County residents favor a new hospital because they anticipate that they, or their families, will get some direct use from it.

In some counties, notably Colusa, such is the case.

But most legal authorities hold that the law is not being followed strictly in Colusa, since a public institution cannot be put into competition with private enterprise.

Some attorneys have said that, inasmuch as there is no hospital in Glenn County, the hospital might be opened to the public. But there is serious doubt about this, too.

In seeking legislation to modify the situation, lawmakers would certainly meet opposition from the medical profession, which opposes use of county hospitals for public use, even though few private hospitals can be made to pay.

The supervisors may find the situation changed entirely when they meet next summer.

Congress may solve a large part of the program at this winter's session, since socialized medicine is scheduled on the "must" program of the New Deal. In such an event, the picture, in so far as Glenn County is concerned, will be a much different one.—Willows Journal, August 24.

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#### Reports Made on Progress to Two Clubs

*"Science Has Discovered Ways to Overcome Injuries," Women Told*

More emphasis on prevention!

This was the underlying theme of two gatherings held yesterday, both called in the interest of work for crippled children. Better public understanding of work being accomplished was considered at the annual meeting in the Palace Hotel of the California Society for Crippled Children.

Progress which has been made was discussed for the Sunbeam Society for Handicapped Children at its first fall session in the P. G. & E. Building, with Mrs. D. L. Breslauer presiding. Mrs. Gertrude Folendorf, administrator of the Shrine Hospitals in the United States, said in her talk to this group:

"There is little excuse now for injuries of children at birth, which result in spastic deformities. Modern science and research has discovered ways of overcoming such injuries. Prospective mothers may be advised of ways in which birth can be made simple."

#### Action Urged

In this connection, Mrs. Folendorf urged defeat of the so-called Humane Pound Act on the November ballot. She said:

"This act would stop experimentation. Better experiment on animals than on a child. Many diseases have been eliminated through experiments with animals. And in these laboratories the animals do not suffer. They are cared for as carefully and kindly as are patients in hospitals."

Among the greater modern advancements in work with crippled children, Mrs. Folendorf said, is the fact that employers are realizing that handicapped persons, if well educated and trained, may fill places in society as capably as others. . . .

#### Plea Made

California's migrant problem was brought more closely home to urban dwellers when Dr. D. C. Williams of Madera said:

"Our problem becomes the city's problem, later on. Right now our problem is to deal with the crippled children of migrants, and there are many of them. The State of California should take action on their needs. A state that is paying 44 cents to relieve able-bodied men is not paying one cent for crippled children. The state should do the same thing for these handicapped ones that it is doing for tuberculous children. If nothing is done these handicapped children will grow up to be dependent citizens."

Mrs. T. E. Shucking, president of the San Francisco Guild for Crippled Children, won applause when she reported on the activities of this local group, which has continued its service during the summer months.—San Francisco News, August 26.

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#### Too Many Children Are Born to Insane, Is Claim

Editor of *The Bee*—Sir: In an eastern city is an institution for the care of the insane with a capacity for 1,000 inmates. In 1934, 1,000 were in the institution, and 1,000 on the waiting list outside. During 1934 there were 650 offsprings born to the thousand on the outside. A check-up on the same institution for 1936 disclosed that there were 1,140 in the institution, with 1,200 on the waiting list, and 1,300 eligibles who had not registered. I have no report on the number of offspring born to those on the outside in 1936, nor have I any report for the year 1935.

If 1935 were an average of 1934 and 1936, then the number in the institution in 1935 would have been 1,070, and the eligibles on the outside would have numbered 1,750. If the birth rate among those outside was the same for 1935 and

1936 as for 1934, then there would have been born to that group in 1935 and 1936, 1,137 offsprings. This, plus the 650 for 1934, would give 1,787 offsprings born to insane people in three years.

Recent scientific reports state that over 41 per cent of all insanity is known to be hereditary. If this be correct, then 736 of the 1,787 offsprings will some day be insane. The average cost of care for the insane approximates \$400 a year. Thus, the 736 insane born of insane parents in one community in three years costs the taxpayers nearly \$30,000 a year, and this amount is increasing yearly. Had these insane people been sterilized, the taxpayer would have been relieved of a tremendous burden, society relieved of a great social problem, and the individuals themselves benefited most of all.

Is it not time that the taxpayers, as well as society at large, awakened to their responsibility and opportunity?—Dr. Eugene H. Pitts, Sacramento, August 26, 1938 (from Letter Column of *The Sacramento Bee*, August 27).

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#### Group Medicine

Cleveland, Sept. 9.—The economics committee of the Academy of Medicine today proposed hospital insurance for the general public at \$9 yearly. The committee will work out details, then put it to a vote of the academy's membership.

The medical insurance would cost the citizen 75 cents a month, or \$9 a year. It would pay \$6 daily toward his doctor bills for every day up to twenty-one days spent in a hospital during the year, or a maximum payment of \$126.—San Francisco News, September 9.

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#### Webb Rules Out Doctors' Contract

County boards of supervisors have no legal right to contract with private physicians to care for the indigent sick at fixed fees, Attorney-General U. S. Webb ruled yesterday.

Webb agreed with District Attorney Earl Redwine of Riverside County that under the state political code such care for the sick must be administered in hospitals and institutions.—San Francisco Chronicle, September 11.

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#### Creation of Los Angeles County Institutions Commission to Be Urged

Creation of another county commission, a seven-member board to have supervision over General Hospital, Olive View Sanatorium, Rancho Los Amigos and all medical treatment given at public expense, will be urged upon the board of supervisors at their meeting next week.

Such an "institution commission" is being sponsored by the Los Angeles County Medical Association. In a letter to the board the association declared that a similar commission has functioned in Oakland since 1917 and has proved satisfactory.

The members of the commission, to be named for staggered terms of seven years each, would receive no salaries but would be given an honorarium of \$20 for each meeting attended, with meetings limited to three in any month.

Adoption of the plan would require a charter amendment to be adopted by vote of the people and it then would remain in existence perpetually, unless the creating amendment were repealed by vote of the people.

"No public health problem in California has closer connections with medical practice than publicly supported hospitals," the association's letter, signed by Dr. George Kress, president, stated. "These institutions can be potent factors in determining what the future shall bring to scientific and organic medicine."

"We are asking the proper medical society committee in each county of the state to consider this problem seriously at once, despite the fact that it is the middle of vacation months."—Clearwater Journal, September 1.

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#### Doctors Seek Another Plan

*Socialized Medicine Is Up Before Society Council*

Alternatives to a political program of socialized medicine were among the subjects under consideration today at a regular meeting of the Council of the Medical Society of the State of New York, 2 East 103rd Street. While the meeting was not open to the public, it was known that plans were in formulation for State representation for the forthcoming conference of the House of Delegates of the American Medical Association in Chicago when proposals made by the National Health Conference in Washington in July will come up for discussion by representatives of 108,000 doctors.

The case against compulsory health insurance has been published in pamphlet form by the Medical Society of the

State of New York with arguments marshaled by Dr. Frederick E. Sondern, a past president of the society.

In a foreword, the pamphlet states: "Subtle and persuasive forces are at work influencing the public mind in favor of State medicine, and its substitutes, socialized medicine and compulsory sickness insurance."

Doctor Sondern writes: "Many physicians feel poignantly that an injustice is done us when, by implication and direct statement, the public is asked to believe that the doctors of the nation as merchants of medicine are obstructing, for purely selfish reasons, a movement to provide adequate medical care for the masses. . . .

"With the feeling that it is neither necessary nor desirable to distrust the competent man, nor to impugn his motives, this discussion is submitted for the thoughtful consideration of the public."

He says in part:

#### Sees Deterioration of Service

"Medical men, with few exceptions, are opposed to the compulsory sickness insurance scheme. They believe it will not, in fact, bring adequate medical care to those whom it serves, but an inferior quality of care to that which is at the disposal of the wage-earning group today. Medical men believe the plan will result in a deterioration of the physician's standards of excellence, that it will foist upon society a bureaucratic system politically controlled, which will feed and fatten at the expense of the workman and interfere, to the great damage of the patient, with the relationship between him and his physician. These considerations strike at the very vitals of the profession. We are moved deeply by consequences which we envision in this country if compulsory sickness insurance becomes effective, and we find when we travel in Europe where this type of practice has been established, evils which could not be avoided, and perhaps would be aggravated, here."

#### As It Is Abroad

Doctor Sondern avers that, in England, "the insured patient has little regard for his panel doctor and in the event of a serious condition, in his own words he secures 'a real doctor' even if it takes the last shilling he has."

He states that 50 per cent of the patients who go to free clinics in England do so rather than consult their panel doctor because the panel doctor is so rushed by the long line-up of cases at his door that he has no time to make a careful diagnosis.

He quotes Gustav Hartz of Berlin as saying relative to the state insurance system there: "The insured workman becomes a second-class patient. The mass demand compels a limitation in the use of medicines. Doctors must not prescribe what they consider good for the patient; they are only allowed to give remedies entered in a book of medical regulations for insurance purposes. Medical science has become a cheap article, and doctors have given up conscientious treatment."

To the argument that socialized medicine aims to help those who cannot afford to pay for medical care, Doctor Sondern replies: "Throughout the depression, and even before, we have offered our services unstintingly in the alleviation of the miseries of those who are unable to pay for medical care as well as to those able to pay only part of its cost. This is a traditional, historic obligation. So well has this emergency been met under the prevailing system of practice that it can be said that there is little lack of medical care if the person needing it, or his family, will seek it. . . . Physicians do not eject patients from their offices because they do not have cash in their hands, nor do clinics close their doors to them. If the patient cannot pay the doctor in full he pays less; if he has nothing he is treated without cost or is referred to institutions which care for indigent patients."—New York Sun, September 8.

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#### Testimonial for Republican Nominee to Post of Lieutenant-Governor

##### Dr. W. S. Franklin Luncheon in San Francisco

Many reservations have been received for the testimonial luncheon to be tendered Dr. Walter Scott Franklin, Republican nominee for Lieutenant-Governor, at the Palace Hotel on Tuesday, October 4. A crowd that will tax the capacity of the Rose Bowl was predicted by Dr. Howard Morrow, chairman of the committee on arrangements.

The luncheon will be in the nature of a "welcome home" for Doctor Franklin, who is a native San Franciscan, and practiced his profession here for twenty-five years.

#### South of Market Boy

Doctor Franklin was born at Seventh and Minna streets, is a member of the Native Sons of the Golden West and of the South of Market Boys. He is a graduate of Stanford Medical School, and served his internship at the French Hospital. For ten years he was head of the Department of Eye Diseases at the University of California Medical School. . . . —San Francisco Examiner, October 3.

#### Health Plan Abandoned

##### Resettlement Project for Coöperative Care Found Impractical

Gone with the wind is the Federal Resettlement Administration's experiment with coöperative health groups in this county, it was learned yesterday.

After two starts with two different groups, it was decided not to start others, and the two eventually passed into oblivion by the dissolution route.

#### Formed in 1936

With something of a flourish, the resettlement division of the Agricultural Adjustment Administration started in San Gabriel Valley late in 1936 to organize a health association.

Debtors to the Administration were taken into the San Gabriel Valley Health Association under leadership of a "federal coöperative specialist" and later a second group was formed with the name San Fernando Valley Health Association, with others in the offing.

#### Medical Care Given

The plan provided that persons who had borrowed money from the AAA could pay \$2 a month and upward for group medical care, the monthly payments to be made by the Government and later to be repaid by the beneficiary to the Government along with his original loan.

A private concern providing the medical aid, it was explained at the federal office yesterday, found that the business was not sufficiently remunerative, no further associations were formed and those that had been formed were dissolved.—Los Angeles Times, September 21.

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#### Insurance for Seventeen Thousand October 1

Group insurance for more than 17,000 municipal employees and their registered dependents will go into effect October 1, officials of the Health Service Board announced today.

Today will be the last day for registration of dependents.

A panel of doctors, numbering one thousand names, and a list of acceptable hospitals will be supplied each insured person. The employee pays about \$2.50 a month and an additional dollar for each dependent insured under the plan.—San Francisco Call-Bulletin, September 21.

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#### Seek to Cut Los Angeles County Expenses

An economy wave, with provisions for savings estimated at more than \$100,000 a year, swept over the Board of Supervisors today.

Supervisor John Anson Ford announced that later in the day he would introduce a resolution asking that the county health service be offered to the city under contract.

Under the plan, the City Health Department would be abolished—City Health Officer George Parrish losing his job—and the city would use the county's health services, Ford said.

#### Others Use Plan

Many cities in the county already are operating under such a setup, he said.

Chairman Roger Jessup commented:

"From studies I have read, the indications are that city and county taxpayers could save \$100,000 a year by such a procedure, which would eliminate duplication of services by the two health departments." . . . —Los Angeles Herald-Express, September 27.

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#### Kern's Hospital Policy Topic of Planned Session

##### Doctors and Supervisors Will Hold Parley to Discuss Rules

To discuss county hospital policy with respect to patients having choice of personal physicians at the Kern General, the five members of the Board of Supervisors will meet with five members of the Kern County Medical Society in the near future. The supervisors today voted to have Chairman Roy Woollomes arrange this meeting after the board had received a letter from the medical association's board of directors signed by Dr. C. S. Compton, secretary.

This letter read in part:

"The medical profession feels that any patient who is not classed entirely as indigent should have free choice of physician, and this belief is upheld by a recent opinion of the Attorney-General of California. We call to your attention the situation in Kern County at the present time in so far as care of the patient who can partly pay his own way is concerned.

"It is now and always has been the concern of this group to properly care for all classes of people. It has been ad-



mittedly difficult at times to care for those patients who can pay part but not all of their care.

"The medical profession believes that a great many of these people, at least, can be cared for in the county hospital, and it is felt that the time has arrived when the supervisors and the medical profession can get together on a feasible plan."

The board will ask five members of the association to meet with the five supervisors at a time and place to be announced by the chairman. . . .—*Bakersfield Californian*, September 19.

## LETTERS

**Subject: A physician nominated for Lieutenant-Governor of California.**

*To the Editor:*—In times past I have noted that in its columns your JOURNAL called attention to the far greater interest which medical men of other countries than America have displayed in civic offices and duty, and you expressed the thought that one of the reasons for the passage of some of the obnoxious laws having a bearing on public health was the absence of medical men in legislative bodies. You expressed the hope that members of the medical profession might well take a more direct interest in such matters, and even permit their names to be considered for legislative positions.

It is a pleasure, therefore, to be able to call to the attention of the California medical profession that the successful candidate for the very important office of Lieutenant-Governor of California is Walter Scott Franklin, M.D., for some years professor of ophthalmology in the Medical School of the University of California, now retired from practice and a rancher in Santa Barbara County.

Doctor Franklin is well known to members of the medical profession throughout the state and, in the writer's opinion, would perform well the duties of Lieutenant-Governor, with credit to himself and to the profession of which he is a member. I hope physicians everywhere will mention his name to patients and friends.

Respectfully submitted,  
HENRY S. ROGERS.

**Subject: Correspondence. I. A letter to Mrs. Roosevelt. II. A reply through Assistant Surgeon-General Waller. III. A reference to the California Medical Association. IV. A letter from the C. M. A. Association Secretary.**

I  
(COPY)

Oroville, California,  
August 20, 1938.

Dear Mrs. Roosevelt:

Please forgive me for taking this liberty of writing you, but being my aim is to help a dear soul, won't you please read through this letter.

I have a sister at Los Angeles who is sick and destitute. She came there three months ago from Arizona to take treatments from a doctor whom she has a lot of faith in. She has taken a few treatments and has improved a great deal, but being as she has run out of money, is unable to keep on with these treatments. Her husband is with her, and been trying his best to get employment but has been unable to get any, and being their non-residents he's not eligible for PWA work, so they really are in very bad circumstances.

I would love to help her if I could, but am unable to do so. We've had sickness and doctor bills lately, and my husband is unemployed.

I wonder if you wouldn't please help her. I know you are a kind person, and no one could possibly appreciate it more than her. She's a Christian, so I know she would take it as an answer to prayers and a gift from God.

My sister is a dear sweet person, so kind and patient. She has been sick for several years. Her trouble is stomach

trouble, and rheumatism, but this doctor says he can cure her. He is very reasonable in price. She's thirty-eight year's old, so it would be too bad if she couldn't get over this ailment and would have to go through the rest of her days in this condition. She has a darling boy of five, who is so good for his age and loves his mother so much. His name is Arnold.

I think we have a very good President and I do hope he will run again, as I feel certain he will be elected. Conditions sure would be worse if we didn't have such a good loyal person in office.

Dear Mrs. Roosevelt, won't you please help my sister. She don't know anything about me writing you, so it would sure be a surprise to her if you would be so kind as to send her something and I never could thank you enough. I will give you her address: Mrs. \_\_\_\_\_, \_\_\_\_\_ Street, Los Angeles, California.

Love and best wishes to you, I am  
Mrs. \_\_\_\_\_,  
\_\_\_\_\_, California.

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II

(COPY)

September 7, 1938.

Mrs. \_\_\_\_\_  
\_\_\_\_\_, California  
Dear \_\_\_\_\_:

Acknowledgment is made of your recent letter, addressed to Mrs. Roosevelt, stating that your sister is in need of medical treatment, but that she is without the financial means to pay for it.

Although there has been considerable publicity on the subject of medical care in press reports on the National Health Conference, no legislation has as yet been passed which would permit the Federal Government to extend free medical or hospital care to the public at large. This case, therefore, is one for the attention of state or local authorities or agencies. Accordingly, a copy of your letter is being referred to your State Health Officer, Dr. Walter M. Dickie, at San Francisco, California, and to the medical society of your state. It is hoped that one or the other of these agencies will be able to furnish the necessary aid or treatment.

By direction of the Surgeon-General.

Respectfully,  
C. E. WALLER,  
Assistant Surgeon-General  
Domestic Quarantine Division.

' ' '

III

(COPY)

TREASURY DEPARTMENT  
PUBLIC HEALTH SERVICE  
WASHINGTON

September 6, 1938.

Letter from: Mrs. \_\_\_\_\_, \_\_\_\_\_, California.

Dated: August 25, 1938.

Subject: Desires help for her sister, Mrs. \_\_\_\_\_, Los Angeles, California. Sister is ill and destitute.

Respectfully referred to: California Medical Association, 450 Sutter Street, San Francisco, California.

By direction of the Surgeon-General.

cc Dr. W. M. Dickie  
State Health Officer

C. E. WALLER,  
Assistant Surgeon-General  
Domestic Quarantine Division.

' ' '

IV

(COPY)

CALIFORNIA MEDICAL ASSOCIATION

San Francisco, September 13, 1938.

Mrs. \_\_\_\_\_  
\_\_\_\_\_, California  
My dear Mrs. \_\_\_\_\_:

Copy of your letter of August 20th to President Roosevelt's wife and copy of reply of September 7 by C. E.